West Virginia Department of Transportation

Division of Motor Vehicles Request for Driving Record



Call | (304) 926-3802 Fax | (304) 926-3899 Email | DMVDriverRec@wv.gov

PLEASE COMPLETE THE FORM DMV-101-PS2 (DRIVING RECORD RELEASE AUTHORIZATION) IN ADDITION TO THIS FORM IF YOU ARE REQUESTING DMV TO RELEASE YOUR DRIVING RECORD TO ANYONE OTHER THAN YOURSELF. A REQUEST TO RELEASE YOUR DRIVING RECORD TO ANYONE OTHER THAN YOURSELF CANNOT BE PROCESSED IN ANY DMV REGIONAL OFFICE, YOU MUST EMAIL, FAX, OR MAIL IT TO THE DMV INSURANCE/DRIVING RECORDS SECTION FOR IT TO BE PROCESSED.

This form may be used for multiple requests and a fee of **§5.00 per name** must accompany each request. You may duplicate this form or contact the Division of Motor Vehicles for additional forms or any questions by telephoning 1-800-642-9066. Driver's license number and last name must be provided. If you do not have the driver's license number, you must provide the social security number and/or date of birth with an additional \$1.00 fee.

birth with an additional \$1.00 fee. All fees are non-refundable. **Driver's License Number Social Security Number Date of Birth** Name Please return requested records to the following address: PLEASE PRINT COMPANY NAME, IF APPLICABLE TELEPHONE NUMBER MAILING ADDRESS CITY STATE 7IP Any person may request their own driving record at any DMV regional office. You must provide your state government issued ID or driver's license for proof of identification. All other requests must be sent to the address provided below. You may not obtain information about others without their signed written consent (attach form DMV-101-PS-2) or unless the request is made by a company/business on letterhead and provides a legitimate and detailed reason for the request as defined in the Uniform Motor Vehicles Records Disclosure Act (§17-A-2A-1 et seg.). Each request form submitted must include a copy of the requestor's state government issued ID or driver's license. If you do not meet these requirements, your reasons will be reviewed, and if accepted, you will receive a driving record that excludes all personal information from the record. Any person who knowingly or willfully obtains information under false pretenses will be in violation of federal law, and if convicted, will be fined not more than \$1,000 and/or imprisoned not more than one year. I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purpose stated above. **OFFICE USE ONLY ID VERIFIED BY:** GNATURE OF REQUESTOR

If you do not qualify for the information requested, you may submit a Message Forwarding Form. On this form you may write a message and the Division of Motor Vehicles will forward the form with all information you provide to the licensee at their current address in our records. This service has a non-refundable fee of \$5.00. The DMV does not guarantee a delivery or response.

Any request for a driving record other than the individual's own, must be submitted to the WV-DMV at the address listed below. DMV Regional offices are prohibited from dispensing driving records to anyone requesting another individual's records.

Before mailing, be sure you've included: A completed DMV-101-PS1 form, applicable fees, copy of driver's license or photo ID, letterhead explanation, and a completed DMV-101-PS2 (if applicable).

Please mail your request to:

WV Division of Motor Vehicles Insurance Section / Driving Records

> PO Box 17020 Charleston, WV 25317

You may also email or fax your request, but you MUST make a follow-up call to make your payment, prior to 4pm.

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